



# State of Rhode Island Department of Business Regulation



## DIVISION OF COMMERCIAL LICENSING & REGULATION

PHONE 401-222-2416

[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

### AUTO SALVAGE REBUILDER'S INFORMATION SHEET

08/11/2005-08/10/2008

Please provide the following information:

1) A list of your employees, the courses they have completed and the school or association which conducted the training. At least fifty percent (50%) of all employees or agents must be certified in each of the following areas:

- a) Identification and Analysis of Damage to vehicles;
- b) Measuring Principals and Techniques;
- c) Straightening Systems and Techniques;
- d) Weld in Collision Repair;
- e) Replacement of Structural Parts;
- f) Restoring Corrosion Protection;
- g) Suspension, Steering, and Alignment; and
- h) Working with Mechanical and Electrical parts.

The education requirements may be satisfied by one of the following:

- a) Automotive Service Excellence ("ASE") certification
- b) A minimum of two (2) years of hand on working experience as an auto technician, engine mechanic, and automobile repairer and refinisher.
- c) Inter-Industry Conference on Auto Collision Repair ("ICAR") certification in those areas required above.
- d) Successful completion of courses approved by the Director and a minimum of one (1) year's experience.
- e) Prior experience deemed acceptable by the Director.

2) Proof of your possession of the equipment listed below:

- a) Electrical and/or hydraulic pulling equipment.
- b) Current dimensional guides appropriate to the vehicles being repaired.
- c) A four (4) point clamping system to secure the vehicle while making structural repairs.
- d) Equipment/gauges capable of measuring symmetrical and asymmetrical vehicles.
- e) Appropriate welding equipment that meets or exceeds the manufacturer's requirements, but at a minimum shall include a MIG welder.
- f) A refinishing area that complies with safety, environmental, and legal regulations.
- g) A paint system that can produce an original equipment manufacturer's type finish. (Base Coat/Urethane Clear Coat).

3) A check for \$600.00 (three year license)



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PROVIDENCE, RI 02903  
Phone 401-222-2416  
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August 11, 2005 - August 10, 2008  
APPLICATION FOR AN AUTO SALVAGE REPAIR LICENSE

(IN ACCORDANCE WITH CHAPTER 46, OF TITLE 31, OF THE RHODE ISLAND GENERAL LAWS)

AUTO BODY LICENSE NUMBER \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CORPORATION: YES \_\_\_\_\_ NO \_\_\_\_\_ PARTNERSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST ALL OFFICERS, PARTNERS, OR STOCKHOLDERS INCLUDING NAMES AND HOME ADDRESSES. INCLUDE A COPY OF CORPORATE OR PARTNERSHIP PAPERS: (Use separate sheet, if necessary)

PRESIDENT/PARTNER \_\_\_\_\_ D.O.B. \_\_\_\_\_

TREASURER/PARTNER \_\_\_\_\_ D.O.B. \_\_\_\_\_

SECRETARY/PARTNER \_\_\_\_\_ D.O.B. \_\_\_\_\_

SIGNATURE OF PRINCIPAL OWNER \_\_\_\_\_ DATE \_\_\_\_\_

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PLEASE PRINT NAME BELOW SIGNATURE\_\_\_\_\_

TITLE\_\_\_\_\_ADDRESS\_\_\_\_\_

SEAL OF NOTARY PUBLIC: SUBSRIBED AND SWORN TO AT\_\_\_\_\_

BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20 \_\_\_\_\_

NOTARY PUBLIC\_\_\_\_\_

## WAIVER

I, \_\_\_\_\_, of \_\_\_\_\_

(applicant name)

(address)

having date of birth of \_\_\_\_\_ and social security number of \_\_\_\_\_

am applying for a \_\_\_\_\_ license with the Department of Business Regulation and hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, the employees of the Attorney General's Office and officials of the Department of business Regulation in both law and equity which I may now have or in the future may have.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_